

APPENDIX K

VOCA Monitoring Form & Self-Monitoring Form

DIVISION OF JUSTICE AND COMMUNITY SERVICES

VOCA Grant Program

SUBGRANTEE MONITORING REPORT

The Division of Justice and Community Services staff has completed an on-site visit to your grant program during the current project period to monitor the performance of grant-supported activities. The purpose of the site visit:

1. Determine progress made toward achieving project objectives
2. Determine compliance with terms, conditions, and purpose of grant
3. Identify technical assistance needs; and
4. Provide guidance of future design or funding of similar projects*

SUBGRANTEE:			
GRANT CATEGORY:	VOCA - Victim Assistance		
GRANT NUMBER:			
DATE OF REVIEW:		TIME:	
GRANT PERIOD:			
PREVIOUS REVIEW:			
CURRENT REVIEWER:			

Description of Project:

--

Agency Staff Interviewed:

NAME	TITLE	PHONE	E-Mail

Part 1: Status of Objectives Approved in Grant Application:

1.1		
	Completed	Support Documentation
	In Progress	Attached
	Scheduled to Begin	Will be Submitted
	Will Not Complete Because	With Monthly Report
	Are the Project Objectives Clearly Written?	
	Are the Project Objectives Measurable?	
Status:		

1.2		
	Completed	Support Documentation
	In Progress	Attached
	Scheduled to Begin	Will be Submitted
	Will Not Complete Because	With Monthly Report
	Are the Project Objectives Clearly Written?	
	Are the Project Objectives Measurable?	
Status:		

2.1		
	Completed	Support Documentation
	In Progress	Attached
	Scheduled to Begin	Will be Submitted
	Will Not Complete Because	With Monthly Report
	Are the Project Objectives Clearly Written?	
	Are the Project Objectives Measurable?	
Status:		

3.1		
	Completed	Support Documentation
	In Progress	Attached
	Scheduled to Begin	Will be Submitted
	Will Not Complete Because	With Monthly Report
	Are the Project Objectives Clearly Written?	
	Are the Project Objectives Measurable?	
Status:		

1. Are the project objectives realistic and attainable, with consideration given to the available resources?

Yes	No	N/A
2. Have the project's proposed activities matched the services offered to date?

Yes	No	N/A
3. Do the project activities provide direct services to victims?

Yes	No	N/A
4. Does the program ensure that victims are afforded their victim rights?
Describe:

Yes	No	N/A
5. Do the VOCA funded advocates inform victims of their victim rights?
Describe:

Yes	No	N/A

PART 2: Program Site

1. Are the facilities appropriate for the services being offered, for both staff and clients?

Yes	No	N/A
2. Are the facilities easily accessed by disabled victims?
Describe:

Yes	No	N/A
- 2a. Is the program accessible for the blind, deaf and speech impaired?
Describe:

Yes	No	N/A
3. If children are served, is play space with appropriate toys and equipment provided?

Yes	No	N/A
4. Are VOCA funds paying for victim advocate(s) in an Outreach office(s)?

Yes	No	N/A
- 4a. If yes, grantee is to provide a list of the outreach offices that includes the address, phone, hours of operation, and advocate's name.
Outreach Office:

Part 3: Records

1. Does the grant file include the following: approved grant application, special conditions, project budget adjustments and approval?

Yes	No	N/A
2. Is the subgrantee in compliance with all the standard and special conditions attached to the grant award?

Yes	No	N/A

3.	Did project implementation occur within 60 days of the designated start date?	Yes	No	N/A
4.	Does the project director have a copy of the Administrative Manual?	Yes	No	N/A
5.	Is the project being evaluated (including self-evaluations)?	Yes	No	N/A
5a.	Does the evaluation ensure client confidentiality? (attach a copy of evaluation to report)	Yes	No	N/A
5b.	Does the evaluation address victim safety?	Yes	No	N/A
5c.	Does the evaluation address public awareness?	Yes	No	N/A
6.	Are required project reports submitted in a timely and satisfactory manner?	Yes	No	N/A
6a.	Are monthly statistical/progress report forms submitted?	Yes	No	N/A
6b.	Are copies of Board of Directors or County Commission Minutes submitted with reports?	Yes	No	N/A
7.	Are up-to-date client records being kept?	Yes	No	N/A
7a.	Are client records maintained in systematic manner?	Yes	No	N/A
8.	Are client records maintained in a secure manner to assure confidentiality?	Yes	No	N/A
8a.	Are records secured in a locked file cabinet?	Yes	No	N/A
8b.	If client files are kept on a computer, is there a privacy password?	Yes	No	N/A

9. Does the subgrantee have a written client confidentiality policy on file? (Attach confidentiality policy to report)

Yes	No	N/A

10. Does the Program receive any VAWA funds?

Yes	No	N/A

10a If yes, does the confidentiality policy comply with the VAWA Confidentiality Policy?

Yes	No	N/A

11. Is Civil Rights Information (race, sex, national origin, age, and disability) collected on the victims served?
(Attach a Copy of the Intake Form)

Yes	No	N/A

12. Is the Project using the most recent approved/required Monthly report forms for this grant?

Yes	No	N/A

13. Does the Project have a Memorandum of Understanding?

Yes	No	N/A

14. Does the Project have a DUNS Number?

Yes	No	N/A

15. Is the Project Registered with the System for Award Management (SAM) and updated? (Attach Copy).
Expiration Date:

Yes	No	N/A

16. Does the project refer to other victim service programs?
Describe method used to track referrals:

Yes	No	N/A

Part 4: Civil Rights/Equal Employment Opportunity Plans:

1. Is the sub-grantee required to have an EEOP Short Form As required by 28 C.F.R. § 42.301-.308 on file?

Yes	No	N/A

2. If yes, on what date did the sub-grantee prepare the EEOP?
Date/Comment:

2b. Has the EEOP been submitted to proper authorities?

Yes	No	N/A

3. If not required to submit an EEOP Short Form has the Sub-grantee submitted a certification form to OCR Claiming a partial or complete exemption from the EEOP requirements?
- | Yes | No | N/A |
|-----|----|-----|
| | | |

- 3a. If yes, on what date did the sub-grantee submit the certification form to OCR claiming a partial or complete exemption from the EEOP requirements?

Date/Comment:

4. How does the sub-grantee notify program participants and beneficiaries that it doesn't discriminate on the basis of race, color, national origin, religion, sex, disability, and age in the delivery of services (e.g. posters, inclusion in brochures or program materials, etc.)?

5. How does the sub-grantee notify employees that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in employment practices (e.g. posters, dissemination of relevant orders, or policies, inclusion in recruitment materials, etc.)?

6. Does the sub-grantee have a written policy for notifying Clients or staff on how to file complaints alleging Discrimination by the sub-grantee with DJCS or the OCR?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
- Describe:**

7. If the sub-grantee has 50 or more employees and receives DOJ funding of \$25,000 or more, have they taken the following actions:

- 7a. Adopted grievance procedures that incorporate due process standards and provide for the prompt and equitable resolution of complaints alleging discrimination on the basis of a disability in employment practices and delivery of services?

Yes	No	N/A

- 7b. Designated a person to coordinate compliance with the Prohibitions against disability contained in 28. C.F.R. Part 42, Subpart G?

Yes	No	N/A

Who/Title:

- 7c. Notified participants, beneficiaries, employees, applicants, And others that the sub-grantee doesn't discriminate on the basis of disability?

Yes	No	N/A

8. If the sub-grantee operates an education program or activity, have taken the following actions:

8a. Adopted grievance procedures that provide for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations implementing Title IX of the Education of 1972, which prohibits discrimination on the basis of sex?

Yes	No	N/A

8b. Designated a person to coordinate compliance with the prohibitions against sex discrimination contained in 28. C.F.R. Part 54?

Yes	No	N/A

Who/Title:

8c. Notified participants, beneficiaries, employees, applicants, and others that the sub-grantee doesn't discriminate on the basis of sex in its educational programs or activities?

Yes	No	N/A

9. Has the program complied with the requirements to Submit to the OCR any findings of discrimination against the program issued by a Federal or state court or federal or state agency on the grounds of race, color, religion, national origin, or sex?

Yes	No	N/A

10. Does the program have a limited language proficiency plan to serve victims who are non-English speaking?

Yes	No	N/A

Describe:

11. Does the program conduct any training for its staff on the Requirements under federal civil rights laws?

Yes	No	N/A

12. If the program conducts religious activities as part of its programs or services do they do the following:

12a Provide services to everyone regardless of religion or belief?

Yes	No	N/A

12b Ensure it doesn't use Federal funds to conduct religious activities such as prayer, religious instructions, or proselytization and that these activities are kept separate in time and place from federally funded activities?

Yes	No	N/A

12c Ensure that the participation in religious activities is voluntary for participants of the federally funded program?

Yes	No	N/A

Part 5: Financial

1. Is the project budget adequate for the goals and objectives as approved?

Yes	No	N/A

2. Are financial documents provided to DJCS in a timely and satisfactory manner?

Yes	No	N/A

3. Do expenditures and obligations coincide with the projected budget?

Yes	No	N/A

4. Are vouchers, invoices, time sheets, and supporting documents appropriately canceled (stapled/perforated) to prevent duplicate reimbursement requests?

Yes	No	N/A

Method of control:

5. Do check numbers coincide with information in monthly reports?

Yes	No	N/A

6. Are matching funds utilized in this project and are they available as needed and in addition to funds that would be otherwise for this project?

Yes	No	N/A

6a. Are matching funds submitted at least on a quarterly basis?

Yes	No	N/A

6b. Explain if the sub-grantee submits in-kind or cash match and explain what is utilized for match (space, donations, volunteer time, etc.).

Describe:

6c. What type of documentation is submitted for match?

Describe:

7. Does the subgrantee separate VOCA funds from other sources of funds?

Yes	No	N/A

Describe:

8. Does the subgrantee have regular audits?

Yes	No	N/A

8a. Have copies been provided to DJCS as required?
*Copies are not required for County Commissions

Yes	No	N/A

9. Are there any outstanding audit issues?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
10. Are purchases, cash advances, payrolls, travel expenses, etc., approved by authorized personnel?
Who/Title:
- | Yes | No | N/A |
|-----|----|-----|
| | | |
11. Does the subgrantee charge client fees for services?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
12. Does your agency have a plan for sustainability in the event that VOCA funds are eliminated?
Describe:
- | Yes | No | N/A |
|-----|----|-----|
| | | |
13. Has VOCA funds been used to print program literature such as program brochures, posters, etc.?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
- 13a Was the VOCA grant number, USDOJ-OVC, and DJCS listed on the brochure?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
- 13b Was a copy of the printed program literature submitted to DJCS for pre-approval prior to the printing of said materials?
- | Yes | No | N/A |
|-----|----|-----|
| | | |

Part 6: Personnel

1. Are there personnel records on file for each of the VOCA funded staff?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
- 1a. Where are these files kept?
Describe:
- 1b. Does the VOCA funded staff have employee appraisals or evaluations?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
- 1c. Are evaluations completed annually?
- | Yes | No | N/a |
|-----|----|-----|
| | | |
2. Are personnel assigned to the project adequate to accomplish the goals and objectives of the project?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
3. Are grantee personnel being paid in accordance with the salary approved in the application?
- | Yes | No | N/A |
|-----|----|-----|
| | | |

4. Are all authorized staff positions filled?
If no,
Why:
When to be hired:
Estimated Slippage: \$ _____
- | Yes | No | N/A |
|-----|----|-----|
| | | |
5. Did the hiring of any of these positions require a backfilling of a position?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
- 5a. If so, who backfilled the position and what was the hiring date?
Who/Date:
6. Does the subgrantee have written job descriptions for each VOCA funded staff?
Comment: Enclosed in the grant file.
- | Yes | No | N/A |
|-----|----|-----|
| | | |
7. Do employees possess qualifications as stated in the job description?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
8. Are duties of staff and time allocations are consistent with the approved grant award.
- | Yes | No | N/A |
|-----|----|-----|
| | | |
9. Are daily time and attendance records for personnel assigned to the project maintained and signed by both the employee and supervisor?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
10. Are receipts kept as proof of payment (check stubs, payroll Registers, etc.) by employee and supervisor?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
11. Does the grantee comply with Minimum wage and Maximum hours provisions of the Fair Labor and Standards Act?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
12. Does the Project have a written hiring and firing and grievance procedure? **(Attach a Copy)**
- | Yes | No | N/A |
|-----|----|-----|
| | | |
13. Is staff aware of the hiring/firing and grievance process?
Describe:
- | Yes | No | N/A |
|-----|----|-----|
| | | |

Part 7: Professional and Contractual Services

1. Are contract or consultant services included in the grant award?
- | Yes | No | N/A |
|-----|----|-----|
| | | |
2. Is there a formal written contract on file outlining the specific work to
- | Yes | No | N/A |
|-----|----|-----|
| | | |

be performed by the consultant?

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3. Has a copy of the formal written contract been submitted to DJCS for written approval prior to execution of same?

Yes	No	N/A

4. Does the statement of work to be performed agree with the grant award?

Yes	No	N/A

Part 8: Travel

1. Are travel expenses included in the grant award?

Describe:

Yes	No	N/A

2. Are expenditures for travel adequately documented with vouchers?

Yes	No	N/A

3. Are travel expenditures in compliance with those outlined in the VOCA Program Administrative Manual?

Yes	No	N/A

Part 9: Training

1. Has the grantee requested pre-approval for training for the VOCA funded staff per the Special & Supplementary Conditions of the grant and the 8 hour minimum VOCA training requirement?

Yes	No	N/A

2. Have the VOCA funded advocates completed the 8 hour minimum training requirement and submitted certificate of attendance to DJCS?

Yes	No	N/A

- 2a. If yes, list the training attended for each VOCA funded advocate; also list any new procedures/practices that have been implemented as a result of the training.

Describe:

- 2b. If not completed, provide an explanation as to why the requirement has not been met and a plan for completion.

Describe:

3. Are training expenses for staff included in the grant award?

Describe:

Yes	No	N/A

3. Are expenses to host a training event included in the Grant award?

Describe:

Yes	No	N/A

- 3a. If yes, was agenda topics and speaker bios submitted to and approved by DJCS prior to training?

Yes	No	N/A

4. What does the project consider the greatest training Need(s) for its staff?

5. What does the project consider the greatest training need(s) for the community it serves?

Part 10: Computer Purchases and Accessories

1. Has a computer, laptop and/or equipment been purchased with VOCA grant funds in the past 3 years?

Yes	No	N/A

- 1a. If yes, are the items purchased marked "Purchased with funds provided by the WV Division of Justice & Community Service?"
(List all computer/equipment with ID numbers):

Yes	No	N/A

2. Does the grantee perform annual inventory checks of all VOCA funded computers/equipment?

Yes	No	N/A

3. Have VOCA funds been awarded to purchase a computer and/or equipment this grant cycle?

Yes	No	N/A

- 3a. If yes, has the program purchased the approved computer/equipment? (List & Include ID Numbers)

Yes	No	N/A

- 3b. Does computer and/or equipment purchased meet specifications stated in grant application?

Yes	No	N/A

- 3c. If a computer and/or equipment has been purchased, has the project submitted a Computer Listing Form to DJCS?

Yes	No	N/A

- 3d. If no, when does the grantee intend to purchase the approved computer/equipment?
Describe:

4. Has a laptop been purchased with grant funds?

Yes	No	N/A

- 4a. If yes, how is the laptop utilized for VOCA and security maintained?
Describe:

5. What system does the grantee utilize to ensure grant funded computers and/or equipment is properly controlled, preserved, used, maintained, disposed of and/or returned to DJCS?
Describe:

Part 11: Volunteers

1. Is the program utilizing volunteers for the VOCA funded Project?

Yes	No	N/A

2. How many volunteers are donating time to this project?

Number of volunteers: _____

- 2a. If the program has not utilized volunteers for the VOCA funded project, when and how does the program expect to utilize a volunteer?

Describe:

3. Is there a method of logging volunteer hours?

Yes	No	N/A

Method used:

Please note that it is a Federal Requirement to utilize at least 1 volunteer per grant cycle. Grantee is to **attach a copy of a volunteer log/timesheet for at least ONE volunteer that was utilized or a plan on how and when a volunteer will be utilized.*

4. If volunteer hours are used as in-kind match, is the agency meeting match requirement?

Yes	No	N/A

Part 12: Underserved Populations

1. Does the project currently serve underserved populations?

Yes	No	N/A

2. What is your identified underserved population(s)?

Describe:

3. What efforts have been made to reach underserved populations?

Describe:

Part 13: Crime Victims Compensation

1. Does the project assist victims in informing and filing Victim Compensation claims?

Yes	No	N/A

Part 14: Project Coordination

1. Is there project coordination with:

☐ Prosecution:

☐ Law Enforcement:

☐ Victim Services:

	Other:
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2. Extent of coordination:

3. What are the challenges of the project?

Part 15: Project Implementation/Impact

1. Are changes in the project required/recommended?

Yes	No	N/A

Comment: See page

2. Are the costs of the project reasonable?

Yes	No	N/A

3. Are there plans to continue the project at the end of the grant period?

Yes	No	N/A

4. Are there plans to change, add or eliminate any services for next year's grant proposal?

Yes	No	N/A

Describe:

POST-SITE MONITORING REPORT AND CERTIFICATION

Results From Last Monitoring Visit:

Findings:

1.

Recommendations:

1.

Results from Current Monitoring Visit:

Findings:

Recommendations:

List of Attachments:

Next Monitoring Period:

	6 Months
	12 Months
	Next Monitoring Cycle

Certification:

I certify that all information presented is correct. That the subgrantee, except where noted, is in compliance with the provisions of the Victim Assistance Crime Act Grant Program and all applicable federal laws, regulations, and guidelines.

Justice Programs Monitor

Date

I have reviewed the above information and agree with the report finding and/or corrective actions taken or proposed. The subgrantee, based on the findings of this review, is in compliance with the Victim Assistance Crime Act Grant Program and all pertinent federal requirements.

Justice Programs Specialist

Date

Supervisor

Date

DIVISION OF JUSTICE AND COMMUNITY SERVICES

Victim of Crime Act Victim Assistance Grant Program SUBGRANTEE SELF MONITORING REPORT

SUBGRANTEE AGENCY:			
MAILING ADDRESS:			
CONTACT PERSON		TITLE:	
CONTACT PHONE:		FAX:	
CONTACT EMAIL			

GRANT CATEGORY:	VOCA Grant
PROJECT NUMBER:	
GRANT PERIOD:	
DATE OF SUBMISSION:	

Please answer the following questions or attach requested information (in the order as listed):

- Fill in the list below with the sub grantee's approved Goals and Objectives and the current status of *each objective* (Add more tables if necessary).

1.			
	Completed	Support Documentation	
	In Progress		Attached
	Scheduled to Begin		Will be Submitted
	Will Not Complete Because		With Monthly Report
	Are the Project Objectives Clearly Written?		
	Are the Project Objectives Measurable?		
	Status:		

2.			
	Completed	Support Documentation	
	In Progress		Attached
	Scheduled to Begin		Will be Submitted
	Will Not Complete Because		With Monthly Report
	Are the Project Objectives Clearly Written?		
	Are the Project Objectives Measurable?		
	Status:		

3.		
	Completed	Support Documentation
	In Progress	Attached
	Scheduled to Begin	Will be Submitted
	Will Not Complete Because	With Monthly Report
	Are the Project Objectives Clearly Written?	
	Are the Project Objectives Measurable?	
Status:		

4.		
	Completed	Support Documentation
	In Progress	Attached
	Scheduled to Begin	Will be Submitted
	Will Not Complete Because	With Monthly Report
	Are the Project Objectives Clearly Written?	
	Are the Project Objectives Measurable?	
Status:		

5.		
	Completed	Support Documentation
	In Progress	Attached
	Scheduled to Begin	Will be Submitted
	Will Not Complete Because	With Monthly Report
	Are the Project Objectives Clearly Written?	
	Are the Project Objectives Measurable?	
Status:		

2. Are the facilities easily accessed by disabled Victims?

Yes	No	N/A
- 2a Is the program accessible for the blind, deaf and speech impaired?

Yes	No	N/A
3. Does the grant file include the following: approved grant application, special conditions, project budget adjustments and correspondence?

Yes	No	N/A
4. Provide the name and title of the person(s) responsible for maintaining the on-site grant file and where it is located:

5. Is the project being evaluated?
(including self-evaluations)

Describe:

Yes	No	N/A

- 5a. Does the evaluation ensure client confidentiality?
(attach a copy of evaluation to report)

Comment:

Yes	No	N/A

- 5b. Does the evaluation address victim safety?

Comment:

Yes	No	N/A

- 5c. Does the evaluation address public awareness?

Explain:

Yes	No	N/A

6. Are up-to-date client records being kept?

Yes	No	N/A

- 6a. Are client records maintained in systematic manner?

Yes	No	N/A

7. Are client records maintained in a secure manner to assure confidentiality?

Yes	No	N/A

- 7a. Are records secured in a locked file cabinet?

Yes	No	N/A

- 7b. If client files are kept on computer, is there a privacy password?

Yes	No	N/A

8. Does the sub-grantee have written a client confidentiality policy on file? (**Attach copy of confidentiality policy to report.**)

Yes	No	N/A

- 8a. Does it comply with the requirements of VAWA 2005?
(Only applicable to programs who receive VAWA funds)

Yes	No	N/A

9. Are vouchers, invoices, time sheets, and supporting documents appropriately canceled (stapled/perforated) to prevent duplicate reimbursement requests?

Method of Control:

Yes	No	N/A

10 Does the sub-grantee comply with both the Federal and State Audit Requirements?

Yes	No	N/A

11 Are there any outstanding audit issues?

Describe:

Yes	No	N/A

12 Are purchases, cash advances, payrolls, travel expenses, Etc., approved by authorized personnel?

Who/Title:

Yes	No	N/A

13 Does the VOCA funded staff have employee appraisals or evaluations?

Comment:

Yes	No	N/A

14. Is the program utilizing volunteers for the VOCA funded project?

Yes	No	N/A

15. How many volunteers are donating time to this project?

Number of volunteers: _____

Grantee is to attach a copy of a volunteer log/timesheet for at least ONE volunteer that was utilized.

*Please note that it is a Federal Requirement to utilize at least 1 volunteer per grant cycle.

16. Is there a method of logging volunteer hours?

Yes	No	N/A

Method used:

17. Does the project currently serve underserved populations?

If no, explain:

Yes	No	N/A

18. What is your identified underserved population(s)?

Describe:

19. What efforts have been made to reach underserved populations?

Describe:

20. Is there project coordination with:

<input type="checkbox"/>	Prosecution
--------------------------	-------------

<input type="checkbox"/>	Law Enforcement
--------------------------	-----------------

<input type="checkbox"/>	Victim Services
--------------------------	-----------------

<input type="checkbox"/>	Other
--------------------------	-------

21. Extent of coordination:

22. List and explain any challenges of the project.

23. Are there plans to continue the project at the end of the grant period?

Comment:

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Are there plans to change, add or eliminate any Services for next year's grant proposal?

Describe:

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Does the project assist victims in informing and/or filing victim compensation claims?

Describe:

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Is Civil Rights Information (race, sex, national origin, age, and disability) collected on the victims served?

Attach a copy of the Intake form.

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Is the Project Registered with the SAM (formerly Central Contractor Registration, CCR) and is up to date?

Attach a copy of updated SAM

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Does the program ensure that victims are afforded their victim rights?

Describe:

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Do the VOCA funded advocates inform victims of their victim rights?

Describe:

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Are VOCA funds paying for victim advocate(s) in an Outreach office(s)?
- | Yes | No | N/A |
|-----|----|-----|
| | | |

- 30a If yes, grantee is to provide a list of the outreach offices that includes the address, phone, hours of operation, and advocate's name.

Outreach Office:

Travel/Training

1. Are training expenses for staff included in the grant award?
- | Yes | No | N/A |
|-----|----|-----|
| | | |

2. Has the grantee requested pre-approval for training for the VOCA funded staff per the Special & Supplementary Conditions of the grant and the 8 hour minimum VOCA training requirement?
- | Yes | No | N/A |
|-----|----|-----|
| | | |

3. Have the VOCA funded advocates completed the 8 hour minimum training requirement and submitted certificate of attendance to DJCS?
- | Yes | No | N/A |
|-----|----|-----|
| | | |

- 3a. If yes, list the training attended for each VOCA funded advocate; also list any new procedures/practices that have been implemented as a result of the training.

Describe:

- 3b. If not completed, provide an explanation as to why the requirement has not been met and a plan for completion.

Describe:

4. What does the project consider the greatest training need(s) for its staff?
5. What does the project consider the greatest training need(s) for the community it serves?

Part 10: Computer Purchases and Accessories

1. Has a computer, laptop and/or equipment been purchased with VOCA grant funds in the past 3 years?

Yes	No	N/A

- 1a. If yes, are the items purchased marked "Purchased with funds provided by the WV Division of Justice & Community Service?"
(List all computer/equipment with ID numbers):

Yes	No	N/A

2. Does the grantee perform annual inventory checks of all VOCA funded computers/equipment?

Yes	No	N/A

3. Have VOCA funds been awarded to purchase a computer and/or equipment this grant cycle?

Yes	No	N/A

- 3a. If yes, has the program purchased the approved computer/equipment? **(List & Include ID Numbers)**

Yes	No	N/A

- 3b. Does computer and/or equipment purchased meet specifications stated in grant application?

Yes	No	N/A

- 3c. If a computer and/or equipment has been purchased, has the project submitted a Computer Listing Form to DJCS?

Yes	No	N/A

- 3d. If no, when does the grantee intend to purchase the approved computer/equipment?
Describe:

4. Has a laptop been purchased with grant funds?

Yes	No	N/A

- 4a. If yes, how is the laptop utilized for VOCA and security maintained?
Describe:

5. What system does the grantee utilize to ensure grant funded computers and/or equipment is properly controlled, preserved, used, maintained, disposed of and/or returned to DJCS?
Describe:

Civil Rights/Equal Employment Opportunity Plans:

1. Is the sub-grantee required to have an EEOP Short Form As required by 28 C.F.R. § 42.301-.308 on file?

Yes	No	N/A

Comment:

2. If yes, on what date did the sub-grantee prepare the EEOP?

Date/Comment:

- 2b. Has the EEOP been submitted to proper authorities?

Yes	No	N/A

Comment:

3. If not required to submit an EEOP Short Form has the Sub-grantee submitted a certification form to Office of Civil Rights Claiming a partial or complete exemption from the EEOP requirements?

Yes	No	N/A

Comment:

- 3a. If yes, on what date did the sub-grantee submit and prepare the EEOP certification of exemption from the EEOP requirement?

Date/Comment:

4. How does the sub-grantee notify program participants and beneficiaries that it doesn't discriminate on the basis of race, color, national origin, religion, sex, disability, and age in the delivery of services (e.g. posters, inclusion in brochures or program materials, etc.)?

5. How does the sub-grantee notify employees that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in employment practices (e.g. posters, dissemination of relevant orders, or policies, inclusion in recruitment materials, etc.)?

6. Does the sub-grantee have a written policy for notifying Clients or staff on how to file complaints alleging Discrimination by the sub-grantee with DJCS or the ORC?

Yes	No	N/A

Describe:

7. If the sub-grantee has 50 or more employees and receives DOJ funding of \$25,000 or more, have they taken the following actions:

- 7a. Adopted grievance procedures that incorporate due process standards and provide for the prompt and equitable resolution of complaints alleging discrimination on the basis of a disability in employment practices and delivery of services?

Comment:

Yes	No	N/A

- 7b. Designated a person to coordinate compliance with the Prohibitions against disability contained in 28. C.F.R. Part 42, Subpart G?

Title/Position:

Yes	No	N/A

- 7c. Notified participants, beneficiaries, employees, applicants, And others that the sub-grantee doesn't discriminate on the basis of disability?

Comment:

Yes	No	N/A

8. If the sub-grantee operates an education program or activity, have taken the following actions:

- 8a. Adopted grievance procedures that provide for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations implementing Title IX of the Education of 1972, which prohibits discrimination on the basis of sex?

Comment:

Yes	No	N/A

- 8b. Designated a person to coordinate compliance with the prohibitions against sex discrimination contained in 28. C.F.R. Part 54?

Comment:

Yes	No	N/A

- 8c. Notified participants, beneficiaries, employees, applicants, and others that the sub-grantee doesn't discriminate on the basis of sex in its educational programs or activities?

Comment:

Yes	No	N/A

9. Has the program complied with the requirements to Submit to the OCR any findings of discrimination against the program issued by a Federal or state court or federal or state agency on the grounds of race, color, religion, national origin, or sex?

Comment:

Yes	No	N/A

10. Does the program have a limited language proficiency plan to serve victims who are non-English speaking?

Comment:

Yes	No	N/A

11. Does the program conduct any training for its staff on the Requirements under federal civil rights laws?

Yes	No	N/A

Comment:

12. If the program conducts religious activities as part of its programs or services do they do the following:

- 12a Provide services to everyone regardless of religion or belief?

Yes	No	N/A

Comment:

- 12b Ensure it doesn't use Federal funds to conduct religious activities such as prayer, religious instructions, or proselytization and that these activities are kept separate in time and place from federally funded activities?

Yes	No	N/A

Comment:

- 12c Ensure that the participation in religious activities is voluntary for participants of the federally funded program?

Yes	No	N/A

Comment:

Attachment Check List:

- ☐ Client/Program Evaluation Form
- ☐ Confidentiality Policy/Form
- ☐ SAM Registration/Expiration Date
- ☐ Intake Sheet
- ☐ Policy for notifying Clients/Staff on how to file complaints alleging Discrimination
- ☐ Volunteer Log/Timesheet for at least 1 volunteer utilized during the current grant cycle.
- ☐ Blank Employee Appraisals/Evaluation
- ☐ Written Hiring and Firing Policy & Grievance Procedure

Certification:

I certify that all information presented is correct. That the sub-grantee, except where noted, is in compliance with all provisions of the Victim of Crime Act Grant Program and all applicable federal and state laws, regulations, and guidelines.

Project Director Signature

Date

Please mail your report to:

Sara Miller

State VOCA Administrator

WV Division of Justice and Community Services

1204 Kanawha Boulevard East

Charleston, West Virginia 25301

Contact information for questions regarding this report:

Sara Miller

Email: Sara.E.Miller@wv.gov

Phone Number: (304) 558-8814, extension 53336